## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PTS	61814	14/4/85
O.I.P.E. CLASSIFIER		1	012-21-99
FORMALITY REVIEW		711022	11100
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

.,	Rejected	N	Non-elected
•	Allowed	1	Interference
			Appeal
_	(Through numeral) Canceled		
·		0	Objected

Claim Date	Claim Date	Claim Date
The state of the s		
Final Onginal C St 9 ft.	Final	Original
	Origin	
		101
2 1 1	52	102
3 1	53	103
4 1	54	104
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	57	107
8 2 1 1	58	108
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31	81	132
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35	85	136
36	86	137
37	87	138
38	88	139
39 3	89	140
40	90	141
- 41 i	91	
42	92	142
43	93	143
44	94	144
45	95	145
46	96	146
47	97	147
48	98	148
49	99	149
50	100	150

If more than 150 claims or 10 actions staple additional sheet here